

2001 UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # A29827 1. Entity Name KING'S 28, LTD. | | | | | | <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">01 FEB 23 AM 10:29</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306 | | | Mailing Address 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306 | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | | Country | | 4. FEI Number 65-0138968 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent SEILER, E.E., JR. 2900 E OAKLAND PARK BLVD SUITE 200 FT LAUDERDALE FL 33306 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | |
| 9. Capital Contributions as Shown on record. \$1,040,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 898,244 | | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | | 13. ADDRESS CHANGES ONLY | | | |
| DOCUMENT # L30329 NAME AWS REAL ESTATE, INC. STREET ADDRESS 2900 E OAKLAND PARK BLVD, #200 CITY-ST-ZIP FT LAUDERDALE FL 33306 | | | | STREET ADDRESS CITY-ST-ZIP | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | | | |
| SIGNATURE: | | | | 2/20/01 054 564-4556 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date Daytime Phone # | | | |

CR2E003 (11/00)